

ROUTINE MEDICATIONS

ROUTINE MEDICATIONS
See Reverse Side for Verifying Signatures

SECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG

TAKE 1 TABLET BY MOUTH ONCE DAILY

Key for Omission Recording:
 S - Self Medication L - LOA N - NPO
 R - Refused* O - Other* H - Held*
 (*Refer to Facility Policy.)

PRN EFFECTIVENESS	4
E - Effective	4
N - Nurse Notes	5

INJECTION SITE

- 1. Thigh Left (Quadricep)
- 2. Thigh Right (Quadricep)
- 3. Arm Left (Deltoid)
- 4. Arm Right (Deltoid)
- 5. Abdomen RUQ
- 6. Abdomen RLQ
- 7. Abdomen LUQ
- 8. Abdomen LLQ
- 9. Buttocks (Gluteus) Left
- 10. Buttocks (Gluteus) Right

PATCH SITE	
11. Chest Left	15. Arm Left
12. Chest Right	16. Arm Right
13. Back Left	17. Ear, behind
14. Back Right	18. Ear, behind

Page 1
Final

10/10/19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
0900 

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG

TAKE 2 TABLETS (1.2MG) BY MOUTH

~~FOR 1 DOSE, THEN TAKE 1 TABLET 1 HOUR LATER IF FOR SYMPTOMS REMAIN.~~

SIDE EFFECTS: Diarrhea; Nausea; Vomiting; Gastrointestinal Disease; Gout; Abdominal Pain; Abdominal Cramps; Fatigue;

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Diagnosis:

Allergies: Fish Allergy: Shellfish Allergy:

ish Allergy
21st 6002 ~~2150~~ 2151

Diet:

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	■■■■■ 1977		Dr. SPONSEL, CHARLES (432) 335-5333	11/01/20 - 11/30/20

ROUTINE MEDICATIONS
See Reverse Side for Verifying Signatures
ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0900	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG
TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy 2151

Diet:

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA,FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL,CHARLES (432) 335-5333	10/01/20 - 10/31/20

Key for Omission Recording:
 S - Self Medication L - LCA N - NPO
 T - Refusing O - Other H - Held*
 *Refer to Facility Policy.
 PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE
 1. Thigh Left (Quadricep) 6. Abdomen RLQ
 2. Thigh Right (Quadricep) 7. Abdomen LUQ
 3. Arm Left (Deltoid) 8. Abdomen LLQ
 4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
 5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE
 11. Chest Left
 12. Chest Right
 13. Back Left
 14. Back Right

5. Arm Left
 6. Arm Right
 7. Ear, behind Left
 8. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS
See Reverse Side for Verifying Signatures

ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG

TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0900	u	u	p	u	A	A	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u	u

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG

TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL, CHARLES (432) 335-5333	09/01/20 - 09/30/20

Key for Omission Recording:
S - Self Medication L - LOA N - NPO
- Refused* O - Other H - Held*
PRN EFFECTIVENESS (*Refer to Facility Policy.)
E - Effective N - Nurse Notes

INJECTION SITE:
1. Thigh Left (Quadricep) 6. Abdomen RLQ
2. Thigh Right (Quadricep) 7. Abdomen LLQ
3. Arm Left (Deltoid) 8. Abdomen LUQ
4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE:
11. Chest Left
12. Chest Right
13. Back Left
14. Back Right

5. Arm Left
6. Arm Right
7. Ear, behind Left
8. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS
See Reverse Side for Verifying Signatures
ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0900	P	B	M	M	U	U	U	P	B	B	P	B	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U

COLCHICINE TAB 0.6MG
TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA,FRANK (75823)	ECDC	1-A	M	[REDACTED] 1977		Dr. SPONSEL,CHARLES (432) 335-5333	08/01/20 - 08/31/20

Key for Omission Recording:
 S - Self Medication L - LOA N - NPO
 R - Refused* O - Other H - Held*
 (*Refer to Facility Policy.)
 PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE
 1. Thigh Left (Quadricep) 6. Abdomen RLQ
 2. Thigh Right (Quadricep) 7. Abdomen LLQ
 3. Arm Left (Deltoid) 8. Abdomen LLQ
 4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
 5. Abdomen RUQ 10. Buttoocks (Gluteus) Right

PATCH SITE
 11. Chest Left
 12. Chest Right
 13. Back Left
 14. Back Right
 15. Arm Left
 16. Arm Right
 17. Ear, behind Left
 18. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS
See Reverse Side for Verifying Signatures
ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
0900	d	s	o	u	m	u	l	u	g	e	u	l	g	e	u	l	u	g	u	l	u	g	u	l	u	g	u	l	u	g	u	l

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	██████████ 1977		Dr. SPONSEL, CHARLES (432) 335-5333	07/01/20 - 07/31/20

Key for Omission Recording:
 S - Self Medication L - LOA N - NPO
 R - Refused O - Other H - Held
 (*Refer to Facility Policy.)
 PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE
 1. Thigh Left (Quadricep) 6. Abdomen RLQ
 2. Thigh Right (Quadricep) 7. Abdomen LLQ
 3. Arm Left (Deltoid) 8. Abdomen LLQ
 4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
 5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE
 11. Chest Left 15. Arm Left
 12. Chest Right 16. Arm Right
 13. Back Left 17. Ear, behind Left
 14. Back Right 18. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS

See Reverse Side for Verifying Signatures

ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
0900 ~~Repet~~ M el el M B el el M el N el P B el el el el M B el el el el B el el B

COLCHICINE TAB 0.6MG
TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; B

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
----------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Penveek 500mg + tab po
tid x 10d

10-12-20

Clindamycin 300mg i cap
PD tds X 10d

6.12.20

Ibuprofen 200mg IV tabs
PO BID x 10d

6-12-20

Claritin 10mg tab po
qhs x10d

21DD >25 MUL 2553 A MUL PM A < 10

6.12.20
Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

25.00

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL,CHARLES (432) 335-5333	06/01/20 - 06/30/20

ECTOR COUNTY LAW ENFORCEMENT CENTER
ODESSA, TEXAS
TELEPHONE / PHYSICIAN ORDERS

INMATE: SO # DATE OF ORDER:

Garcia, Frank	75823	6.12.2020
---------------	-------	-----------

ALLERGIES: CELL: DATE OF BIRTH:

shellfish	2151	[REDACTED] .77
-----------	------	----------------

REASON FOR CALLING PROVIDER:

tooth infection - allergies

PROVIDERS PHONE ORDERS

- Claritin 10mg 1 tab PO ghs X1Dd (Floor stock)
Ibuprofen 200mg TV tabs PO BID X1Dd (Floor stock)
→ PenVeeK 500mg 1 tab PD tid X1Dd (#30)
→ Clindamycin 300mg 1 cap PD tid X1Dd (#30)

DISPOSITION

<input type="checkbox"/> SEE IN CLINIC	<input type="checkbox"/> SEND TO ER	<input checked="" type="checkbox"/> OTHER:
--	-------------------------------------	--

NURSE'S SIGNATURE AND NOTATION

	DATE AND TIME
--	---------------

6.12.2020 @1935

PROVIDER'S SIGNATURE

--

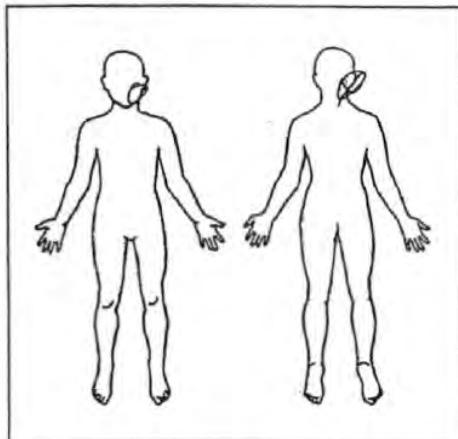
**ECTOR COUNTY DETENTION CENTER
NURSING ASSESSMENT**

Name Gravica, Frank M/F Date 6-12-2022
 SO # 75623 Cell# 2151 DOB -77 Allergies n kola

Chief Complaint (in patients own words)

"Toothache"

V.S.T 97.5 P 103 R 18 B/P 125/70 LMP
 SpO₂ 99%



Injury / Wound / Rash
 Describe / Mark on Diagram
(L) ↓ back tooth
blackened x
broken -
gums swelling

History of Complaint
 New onset
 Recurring
 Chronic

Physical Examination:

Mental Status: WNL, confused, disoriented, lethargic, slurred speech, other _____

Eyes: WNL, reddened, swollen, dry, drainage, pupils, (R) _____ mm (L) _____ mm

Ears: WNL, hearing loss R/L, discharge, Bulging Tympanic Membrane,

Dull Tympanic Membrane, Reddened, other

Nose/ Sinuses: WNL, stuffiness, drainage, swollen turbinates, tenderness,
 deviated septum, other _____

Mouth /Throat: WNL, sores, ulcers, redness, swelling, white patches,
 laceration, dental abscess, other _____

Chest / Lungs: WNL, diminished, rales, rhonchi, wheezing, rub, SOB,
 productive cough, dry cough, other _____

GI / GU: WNL, soft, flat, rounded, distended, firm, BS (+) x 4 Date of last BM today

Skin: WNL, flushed, rash, open wounds, acne, other _____

Orthopedic: WNL, area affected _____, ↓ ROM, swelling, discoloration,
 pulse present yes ✓ no , capillary refill 3 seconds

Nurses Notes: F/M presents c (D) jaw pain - noted (D) ↓ back tooth
blackened & broken gums swelling c/o pain - also noted
sinus drainage s/t only since toothache started having a/c/gz

Intervention: W/0 Per Week sovrn 1 tab PO tid X 10d & Clindamycin 300mg
cap PO tid X 10d = 1by sovrn 1/2 tabs PO BID X 10d & claritin 10mg
tab PO ghs X 10d - encid to see dentist states no family
 Refer to Clinic: yes no MD order written yes ✓ no to pay for: f.

Nurse Signature

Date

Iberg Clipperson

6-12-2022

ROUTINE MEDICATIONS

See Reverse Side for Verifying Signatures

SECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

Key for Omission Recording:
 S - Self Medication L - LOA
 R - Refused* O - Other
 (*Refer to Facility
PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE

1. Thigh Left (Quadricep)
2. Thigh Right (Quadriceps)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen RUQ
6. Abdomen RLQ
7. Abdomen LUQ
8. Abdomen LLQ
9. Buttocks (Gluteus) Left
10. Buttocks (Gluteus) Right

PATCH SITE
 11. Chest Left 15. Arm Left
 12. Chest Right 16. Arm Right
 13. Back Left 17. Ear, behind Left
 14. Back Right 18. Ear, behind Right

Page 1
Final

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG
TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN.

SIDE EFFECTS: Diarrhea; Nausea; Vomiting; Gastrointestinal Disease; Gout; Abdominal Pain; Abdominal Cramps; Fatigue;

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet.

215 1

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	■■■■■ 1977		Dr. SPONSEL,CHARLES (432)335-5333	05/01/20 - 05/31/20

ROUTINE MEDICATIONS
See Reverse Side for Verifying Signatures

ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0900	BB	el																												

COLCHICINE TAB 0.6MG
TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet: 2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	██████████ 1977		Dr. SPONSEL, CHARLES (432)335-5333	04/01/20 - 04/30/20

Key for Omission Recording:
 S - Self Medication L - LOA N - NPO
 Y - Refused O - Other H - Held
 (Refer to Facility Policy.)
 PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE
 1. Thigh Left (Quadricep) 6. Abdomen RLQ
 2. Thigh Right (Quadricep) 7. Abdomen LUQ
 3. Arm Left (Deltoid) 8. Abdomen LLQ
 4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
 5. Abdomen RUQ 10. But Butcks (Gluteus) Right

PATCH SITE
 11. Chest Left
 12. Chest Right
 13. Back Left
 14. Back Right
 15. Arm Left
 16. Arm Right
 17. Ear, behind Left
 18. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS

See Reverse Side for Verifying Signatures

ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG

TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
0900	P	B	d	e	b	P	B	P	d	e	d	e	b	P	e	d	e	w	d	e	(P)	m	a	f	P	B	2	B	A	P	e	P

COLCHICINE TAB 0.6MG

TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL, CHARLES (432) 335-5333	03/01/20 - 03/31/20

Key for Omission Recording:
 S - Self Medication L - LOA N - NPO
 R - Refused* O - Other* H - Held*
 *Refer to Facility Policy
 PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE
 1. Thigh Left (Quadricep) 6. Abdomen RLQ
 2. Thigh Right (Quadricep) 7. Abdomen LUQ
 3. Arm Left (Deltoid) 8. Abdomen LLQ
 4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
 5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE
 11. Chest Left
 12. Chest Right
 13. Back Left
 14. Back Right
 15. Arm Left
 16. Arm Right
 17. Ear, behind Left
 18. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS
Use Reverse Side for Verifying Signatures
ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7	18	19	20	21	22	23	24	25	26	27	28	29
10900	P	B	R	u	P	R	D	P																					

COLCHICINE TAB 0.6MG
TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet: 215

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	██████████ 1977		Dr. SPONSEL, CHARLES (432)335-5333	02/01/20 - 02/29/20

for Omission Recording:
Self Medication L - LOA N - NPO
Refused O - Other H - Held
(*Refer to Facility Policy.)
E - Effective
N - Nurse Notes

INJECTION SITE
1. Thigh Left (Quadricep) 6. Abdomen RLQ
2. Thigh Right (Quadricep) 7. Abdomen LUQ
3. Arm Left (Deltoid) 8. Abdomen LLQ
4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE
11. Chest Left
12. Chest Right
13. Back Left
14. Back Right

Arm Left
Arm Right
Ear, behind Left
Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS

See Reverse Side for Verifying Signatures

ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG

TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
0900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG

TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

SIDE EFFECTS: Diarrhea; Nausea; Vomiting; Gastrointestinal Disease; Gout; Abdominal Pain; Abdominal Cramps; Fatigue;

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA FRANK (75823)	ECDC	1-A	M	■■■■■ 1977	2151	Dr. SPONSEL, CHARLES (432) 335-5333	01/01/20 - 31/20

Key for Omission Recording:
 S - Self Medication L - LOA N - NPO
 R - Refused* O - Other H - Held*
 *Refer to Facility Policy.
 PRN EFFECTIVENESS
 E - Effective
 N - Nurse Notes

INJECTION SITE
 1. Thigh Left (Quadricep) 6. Abdomen RLQ
 2. Thigh Right (Quadricep) 7. Abdomen LUQ
 3. Arm Left (Deltoid) 8. Abdomen LLQ
 4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left
 5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE
 11. Chest Left
 12. Chest Right
 13. Back Left
 14. Back Right
 15. Arm Left
 16. Arm Right
 17. Ear, behind Left
 18. Ear, behind Right

Page 1
Final

ROUTINE MEDICATIONS

See Reverse Side for Verifying Signatures

ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG

TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
0900	R	B	P	B	P	V	P	B	P	V	P	B	P	B	P	B	P	B	P	B	B	P	B	V	P	B	P	B	A	T	P	el

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG

TAKE 2 TABLETS (1.2MG) BY MOUTH
FOR 1 DOSE, THEN TAKE 1 TABLET 1
HOUR LATER IF FOR SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	[REDACTED] 1977		Dr. SPONSEL, CHARLES (432) 335-5333	12/01/19 - 12/31/19

Key for Omission Recording:
S - Self Medication L - LOA N - NPO
R - Refused O - Other H - Held
(Refer to Facility Policy.)

PRN EFFECTIVENESS
E - Effective
N - Nurse Notes

INJECTION SITE
1. Thigh Left (Quadriceps)
2. Thigh Right (Quadriceps)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen RUQ

PATCH SITE
11. Chest Left
12. Chest Right
13. Back Left
14. Back Right

15. Arm Left
16. Arm Right
17. Ear, behind Left
18. Ear, behind Right

Page 1
Final

ECTOR COUNTY DETENTION CENTER
MEDICATION DISTRIBUTION SIGN OFF SHEET

MONTH Nov. YEAR 2019

New MAR Checked: _____

NAME: <u>Garcia, Frank</u>	DOB: <u>1977</u>	SO: <u>75823</u>	KEY	CT - IN COURT	NS - NOSHOW	R - REFUSED
ALLERGIES: <u>Benadryl</u>	CELL# <u>2151</u>					

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Colchicine 1.2mg	09:00	DIS																														
PO XR then																																
Colchicine 0.6mg	13:00	DIS																														
1 later if persist																																
Date: <u>10/10/19</u> Int: <u>N</u>	21:00	DIS																														
Alloperurinal	09:00	DIS	AM	PM																												
100 mg PO	13:00	DIS																														
Qday	21:00	DIS																														
Date: <u>10/10/19</u> Int:																																
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														

| Initials and Signature |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| <u>JChappell</u> | <u>JC Garellas LHM</u> | | | |

ECTOR COUNTY DETENTION CENTER
MEDICATION DISTRIBUTION SIGN OFF SHEET

MONTH October YEAR 2019

NAME: Garcia, Frank.

DOI 10.1007/s00162-017-0622-2

so: 75823

KEY CT - IN COURT NS - NOSHOW R - REFUSED

New MAR Checked: _____

ALLERGIES: Benadryl

CHL# 2151

| Initials and Signature |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| | | D. Velasco | | |
| | | | | LH Llock/Kunz |

**ECTOR COUNTY LAW ENFORCEMENT CENTER
PROGRESS NOTES**

INMATE Gosch Frunk SO # 75823 CELL # 215 DATE: 10/8/19

MEDICATIONS	<input checked="" type="checkbox"/> None	ALLERGIES	<input type="checkbox"/> None
		<u>Benadryl.</u>	

VITAL SIGNS: BP: 164/85 PULSE: 63/73 RESP: 20/20 TEMP: 98.1/97.8
106/82 97.8

SUBJECTIVE: Age 48 (M) F (LMP WIA) D.O.B. [REDACTED] m.

Pt with long standing H/o gout, C/o rt. elbow and left ankle swelling & pain x 2-3 days. Pre Existing Illness/Injury

OBJECTIVE:

PE :- (Physical exam)

Ext : - left ankle - a tender, erythematous nodule with purpura.
 - rt. elbow - a tender, erythematous nodule with swelling.

CV : RRR with no M/G/R.

Resp : CTAB

ASSESSMENT:

(1) Gout flare up. (2) Constipation.

PLAN: 1) Colchicine 1-2mg PO x 1, then 0.6mg 1hr later	2) Allopurinol 100mg x QD.
2) Senna S PO BID PRN.	
3) Uric acid level.	
4) CMP.	
5)	

SIGNED:

Myra Slund

10/8/19

then go up to 80mg/wk depending on uric acid (Max 800mg)

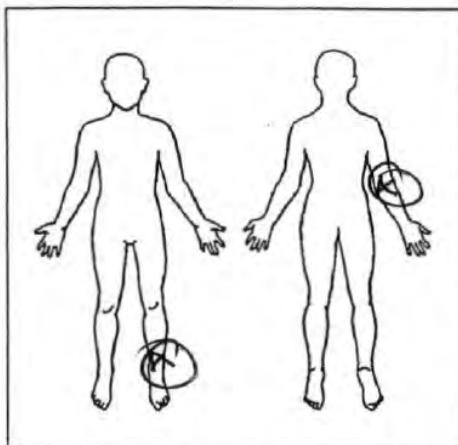
**ECTOR COUNTY DETENTION CENTER
NURSING ASSESSMENT**

Name Garcia, Frank. M/F M Date 10/8/19-
SO # 75823 Cell# 2151 DOB 72 Allergies Bengayl-

Chief Complaint (in patients own words) Swelling to elbow and ankle has

had joint flur up in past.

V.S. T 98° P 63 R 20 B/P 164/85 LMP 1
SpO₂ 98%



Injury / Wound / Rash
Describe / Mark on Diagram

Swelling at to (R)
Elbow and (L)
Ankle -

History of Complaint

New onset _____

Recurring X

Chronic _____

Physical Examination:

Mental Status: WNL, confused, disoriented, lethargic, slurred speech, other _____

Eyes: WNL, reddened, swollen, dry, drainage, pupils, (R) _____ mm (L) _____ mm

Ears: WNL, hearing loss R/L, discharge, Bulging Tympanic Membrane,

Dull Tympanic Membrane, Reddened, other

Nose/ Sinuses: WNL stuffiness, drainage, swollen turbinates, tenderness,
deviated septum, other _____

Mouth / Throat: WNL sores, ulcers, redness, swelling, white patches,
laceration, dental abscess, other _____

Chest / Lungs: WNL, diminished, rales, rhonchi, wheezing, rub, SOB,
productive cough, dry cough, other

GI / GU: WNL, soft, flat, rounded, distended, firm, BS _____ Date of last BM _____

Skin: WNL, flushed, rash, open wounds, acne, other

Orthopedic: WNL, area affected _____, ↓ ROM, swelling, discoloration,
pulse present yes _____ no _____, capillary refill _____ seconds

Nurses Notes: Immigr presents with pt edema to (R) elbow and (L) ankle -
States he has had joint flur ups in past. Will refer to MD
for Mys.

Intervention: Refer to MD

Refer to Clinic: yes X no _____ MD order written yes _____ no X

Nurse Signature

W. J. J. S.
10/8/19

Date



Patient Report

Specimen ID: 284-452-0716-0
Control ID: DC742224630

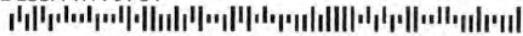
Acct #: [REDACTED] 530

Phone: (432) 335-3560

Rte: 99

GARCIA, FRANK

ECDC
2500 South Hwy 385
ODESSA TX 79761



Patient Details

DOB: [REDACTED] 1977
Age(y/m/d): 04/00/29
Gender: M SSN:
Patient ID: 75823

Specimen Details

Date collected: 10/11/2019 0100 Local
Date received: 10/12/2019
Date entered: 10/12/2019
Date reported: 10/12/2019 0813 ET

Physician Details

Ordering:
Referring:
ID: SPONSEL,C
NPI:

Ordered Items

Comp. Metabolic Panel (14); Uric Acid

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Comp. Metabolic Panel (14)						
Glucose	83		mg/dL	65 - 99		01
BUN	8		mg/dL	6 - 24		01
Creatinine	0.61	Low	mg/dL	0.76 - 1.27		01
eGFR If NonAfricn Am	123		mL/min/1.73	>59		
eGFR If Africn Am	142		mL/min/1.73	>59		
BUN/Creatinine Ratio	13			9 - 20		
Sodium	140		mmol/L	134 - 144		01
Potassium	4.9		mmol/L	3.5 - 5.2		01
Chloride	100		mmol/L	96 - 106		01
Carbon Dioxide, Total	26		mmol/L	20 - 29		01
Calcium	9.9		mg/dL	8.7 - 10.2		01
Protein, Total	7.6		g/dL	6.0 - 8.5		01
Albumin	4.9		g/dL	3.5 - 5.5		01
Globulin, Total	2.7		g/dL	1.5 - 4.5		
A/G Ratio	1.8			1.2 - 2.2		
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2		01
Alkaline Phosphatase	107		IU/L	39 - 117		01
AST (SGOT)	19		IU/L	0 - 40		01
ALT (SGPT)	16		IU/L	0 - 44		01

Uric Acid

Uric Acid

Please Note:

6.5 - per guidelines (clinical picture + lab work support diagnosis of gout)

Therapeutic target for gout patients: <6.0

01 DA LabCorp Dallas
7777 Forest Ln Bldg C350, Dallas, TX 75230-2544

Dir. CN Elufugh, MD

For inquiries, the physician may contact Branch: 432-681-8150 Lab: 972-598-6000

Date Issued: 10/14/19 0936 ET

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 972-598-6000

© 1995-2019 Laboratory Corporation of America® Holdings
All Rights Reserved - Enterprise Report Version: 1.00



ECDC CHEMISTRY SERVICES
2500 South Hwy 7
ODESSA TX 79761

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).
432-335-3560 TEM
42224630-4
DC742224630

<input type="checkbox"/> Fax	Send additional copy of report to:
<input type="checkbox"/> Call	Client Name _____
<input type="checkbox"/> Mail	Physician's Name _____ Physician's Address _____ City, State, Zip _____

Phone/Fax Number _____

0800.38

DC742224630 DC742224630 DC742224630 DC742224630
DC742224630 DC742224630 DC742224630 DC742224630

IRCLE ONE
770512204-VALENZUELA, P.

NECK ONE
3 [] ACCOUNT BILL

Patient's Legal Name (Last, First, MI)	Sex	Date of Birth	Collection Time	Fasting	Collection Date	Urine hrs/vol
Barcia, Frank	M	YB	01:00 AM	<input type="checkbox"/> Yes <input type="checkbox"/> No	10/11/19	hrs vol
NPI	Physician's ID #	Patient's ID #	Hospital Patient Status:			
		50# 70123	<input type="checkbox"/> In-Patient	<input type="checkbox"/> Out-Patient	<input type="checkbox"/> Non-Patient	Phone
Physician's Name (Last, First)		Physician/Authorized Signature	Patient's Address			
Sponsel, Charles		ECCDC	City ECCDC State TX ZIP 75247			
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service						
Highest Specificity REQUIRED						
6out						
PRIMARY BILLING PARTY		SECONDARY BILLING PARTY		PATIENT		
Insurance Carrier *		Insurance Carrier *		Patient's Address		
ID #		ID #		Phone		
Group #		Group #		City		
Insurance Address		Insurance Address		State		
Name of Insured Person		Name of Insured Person		ZIP		
Relationship to Patient		Relationship to Patient				
Employer Name		Employer Name				
*If Medicaid State	Physician's Provider #	Workers Comp		APT #		
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
I hereby authorize the release of medical information related to the services described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.						
X Patient's Signature _____ Date _____						
MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)						
Refer to Determining Necessity of ABN Completion on reverse.						
OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS TEST # TEST NAMES						

confirmation # 9284NCN

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
<input type="checkbox"/> 9980741	<input type="checkbox"/> 998085	<input type="checkbox"/> 998249	<input type="checkbox"/> 998250	<input type="checkbox"/> 998261	<input type="checkbox"/> 998272	<input type="checkbox"/> 998283	

ORGAN OR DISEASE PANELS
See reverse for components

322744	Acute Hepatitis Panel	80074 (GEL)
322758	Basic Metabolic Panel (8)	80048 (GEL)
322000	Comp Metabolic Panel (14)	80053 (GEL)
303754	Electrolyte Panel	80051 (GEL)
322755	Hepatic Function Panel (7)	80076 (GEL)
140301	Kidney Profile	82570 (GEL) 82570 (LAV)
303756	Lipid Panel	80061 (GEL)
235010	Lipid Panel w/LDL/HDL Ratio	80061 (GEL)
221010	Lipid Panel w/TC:HDL Ratio	80061 (GEL)
343925	Lipid Panel w/Non-HDL Cholesterol	80061 (GEL)
361946	Lipid Cascade <small>see reverse</small>	(GEL) (NMR)
363676	Lipid Cascade with Rr to ApoB See Reverse	80061 (GEL)
322777	Renal Function Panel	80069 (GEL)

HEMATOLOGY

005009	CBC w Diff w Plt	85025 (LAV)
028142	CBC w/o Diff w Plt	85027 (LAV)
005058	Hematocrit	85014 (LAV)
005041	Hemoglobin	85018 (LAV)
005249	Platelet Count	85049 (LAV)
005033	RBC Count	85041 (LAV)
005025	WBC Count	85048 (LAV)
015173	Differential/Total WBC Count	85048 (LAV)

ALPHABETICAL/COMBINATION TESTS

006049	ABO and Rh	<small>see reverse</small> 86901 (LAV)
001081	Albumin	82040 (GEL)
001107	Alkaline Phosphatase	84075 (GEL)
001545	ALT (SGPT)	84460 (GEL)
001396	Amylase	82150 (GEL)
164855	Antinuclear Antibodies	86038 (GEL)
001123	AST (SGOT)	84450 (GEL)
000810	B ₁₂ and Folate	<small>see reverse</small> 82607 (GEL)
001099	Bilirubin, Total	82247 (GEL)
001040	BUN	84520 (GEL)

(REV 02/05/2019)

MICROBIOLOGY

<input type="checkbox"/> ENDOCERVIX	<input type="checkbox"/> STOOL	<input type="checkbox"/> URINE
<input type="checkbox"/> OTHER SOURCE:	<input type="checkbox"/> THROAT	<input type="checkbox"/> URETHRA

008649	Aerobic Bacterial Culture +	87070
008482	Fungus Culture +	87101
008334	Genital Culture, Routine +	87070
008540	Gram Stain	87205 (GEL)
188132	Grp B Strept Detect, NAA	87081 (GEL) 87150 (LAV)
188139	Grp B Strept Detect, NAA/Rit to "suspect"	87081 (GEL) 87150 (LAV)
182949	Occult Blood, Fecal, IA	82274 (LAV)
008623	Ova and Parasites	87177 (GEL) 87209 (LAV)
008144	Stool Culture +	87048, 87427
008169	Throat, Beta-Hemolytic Strept Cult, Group A	87081 (GEL) 87150 (LAV)
008342	Upper Respiratory Culture, Routine	87070
008847	Urine Culture, Routine +	87086

NuSwab® Tests (check only one)

180039	NuSwab® Vaginitis (VG)	<small>see reverse</small>
180021	NuSwab® Vaginitis Plus (VG+)	<small>see reverse</small>
180060	Bacterial Vaginosis, NAA	87796(x3)
180055	C. albicans & C. glabrata, NAA	87801
180010	Candida Six-species Profile, NAA	87801
183194	Chlamydia/Gonococcus, NAA [†]	87591
183160	CU/NgTv [†]	See Reverse
180089	Genital Mycoplasmas, Swab	87798(x3)
188056	HSV 1 & 2, NAA	87529(x2)
188052	Trichomonas vaginalis, NAA [†]	87861

ENHANCED REPORTING

910343	Chronic Kidney Disease Report
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade, 884247-NMR LipoProfile, or lipid panel)

[†] = ID / Susceptibility at Additional Charge
^{*} = Confirmation at Additional Charge
¹ = Also available with Aptima® urine

Clinical Information/Comments

004259	Triglycerides	84478 (GEL)
002188	Triiodothyronine (T ₃)	84480 (GEL)
001156	T ₃ Uptake	84479 (GEL)
004259	TSH, 3rd generation	84443 (GEL)
001172	Uric Acid	84545 (GEL)
001057	Urinalysis	84550 (GEL)
003038	Urinalysis on Positives	81003 (GEL)
001950	Vitamin D, 25-Hydroxy	82306 (GEL)

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. THE INFORMATION CONTAINED ON THIS FORM IS FOR THE USE OF THE CLINICIAN. INDIVIDUAL COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

**ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL**

NAME Frank L Garcia SO # 75823

CELL BLOCK 2151 DATE 10-7-19

Inmate needs to be seen by:

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Elbow and Ankle

swelling

Signed: JES

Inmate's request was received at Nurse's office

Date: 10/8/19 By: Tim.

Action Taken: Reassess.

MD of nurse

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

**ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL**

NAME Frank Garcia SO # 75823

CELL BLOCK 2151 DATE Sept 11/19

Inmate needs to be seen by:

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Cori recordment that
I see LC doctor at my
Swollen elbow. It placed
Signed: JES Date: 10/9/19

Inmate's request was received at Nurse's office

Date: 9/9/19 By: EM

Action Taken: It advised elbow better
Verbalized understanding to return
Distribution:
White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

needed. - EM

Am 12/16/2020

ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL

NAME Frank L Garcia SO # 75823
CELL BLOCK 2151 DATE 12-16-20

Inmate needs to be seen by: no charge

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

*M.H.M.R 2013-H was on meds also
checked into Behavioral center.
Having trouble sleeping and having anxiety.*

Signed: Frank L Garcia

Inmate's request was received at Nurse's office

Date: 12.17.2020 By: ZS

Action Taken: Met w I/M - Referred to
Coping Skills via Kiosk & to reg. talking
EBH if Coping Skills - Canary - Medical Staff/Billing
then added to Telehealth Referral list.

DM 6/11

ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL

NAME Frank L Garcia SO # 75823

CELL BLOCK 2151 DATE 6-11-20

Inmate needs to be seen by:

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Toothache

Signed: Frank L Garcia

Inmate's request was received at Nurse's office

Date: 6.12.2020 By: ZS

Action Taken: Orders

Distribution: White - Nurse's office
Canary - Medical Staff/Billing

ECTOR COUNTY DETENTION CENTER
MEDICATION DISTRIBUTION SIGN OFF SHEET

MONTH Sept YEAR 2019

New MAR Checked: _____

NAME: <u>Garcia, Frank</u>	DOB: <u>177</u>	SO: <u>75823</u>	KEY	CT - IN COURT	NS - NOSHOW	R - REFUSED
ALLERGIES: <u>NKA</u>	CELL# <u>2151</u>					

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bactrim DS	09:00	DIS	X	AN	X																											
os - pools	13:00	DIS																														
XID	21:00	DIS	X	AN	MD	NP	NO	NO	NP	NP	NO	X																				
Date: <u>9-1-19</u> Int: <u>PB</u>																																
Thiopental	09:00	DIS	X	AN	X																											
200mg IV	13:00	DIS																														
500mg IV	21:00	DIS	X	NO	PB	AB	NO	NO	NO	NO	NP	NO	NO	X																		
Date: <u>9-1-19</u> Int: <u>PB</u>																																
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														
	09:00	DIS																														
	13:00	DIS																														
Date: Int:	21:00	DIS																														

Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature
<u>Samalia Portellos</u>				

**ECTOR COUNTY LAW ENFORCEMENT CENTER
ODESSA, TEXAS
TELEPHONE / PHYSICIAN ORDERS**

INMATE: _____ **SO #** _____ **DATE OF ORDER:** _____

Garcia, Frank 75823 09/01/2019

ALLERGIES: **CELL:** **DATE OF BIRTH:**

NIDA	2151	1977
------	------	------

REASON FOR CALLING PROVIDER:

Has Pt elbow cellulitis warm to touch

PROVIDERS PHONE ORDERS

Bactrim DS : Po Bio x10days
Ibuprofen 200mg IT pd Bio x10days (Fluor stock)
faxed

DISPOSITION

SEE IN CLINIC SEND TO ER OTHER: Periprosthetic

NURSE'S SIGNATURE AND NOTATION

DATE AND TIME

Família Bushman

Ogala LaDak

PROVIDER'S SIGNATURE

Chlorosarcus

Unscheduled Medical Visit

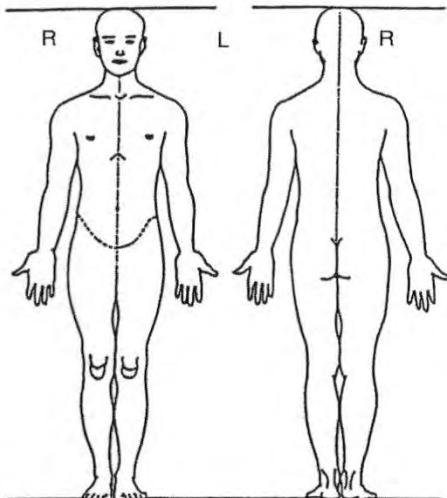
Code Blue

Officer/Administration

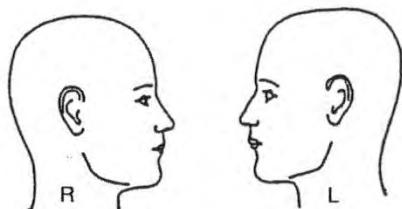
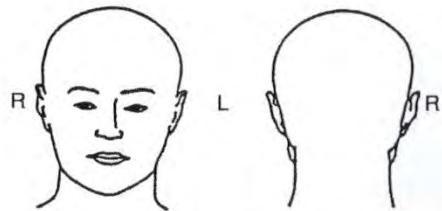
Rec Injury

Fight

Name Garcia, Frank SO# 75823 Date/Time 09/01/19
 Reason for visit: Pt Elbow pain (possible gout)



Injury Description:



Seizure: Approx Length: _____ HX of seizures Yes No

Meds Prescribed _____ Compliant with Meds Yes No

Narrative Note: Cellulitis to Pt elbow area warm to touch x 2 days. Has Dx gout

Intervention: Bacitracin DS : po BID x 10 days
Ibuprofen 200mg tti po BID x 10 days

Disposition: ER _____ MHMR Referral _____ MD Clinic _____

Danica Protell 9-1-19 ± 2140
 Nurse Signature Date/Time

Wforsell

**ECTOR COUNTY LAW ENFORCEMENT CENTER
PROGRESS NOTES**

INMATE Garcia, Frank SO # 75823 CELL # 2151 DATE: _____

MEDICATIONS	<input type="checkbox"/> None	ALLERGIES	<input checked="" type="checkbox"/> None
<u>Bactrum DS po BID x 10 days</u>			
<u>Ibuprofen 600mg po BID PRN</u>			

VITAL SIGNS: BP: _____ PULSE: _____ RESP: _____ TEMP: _____

SUBJECTIVE: Age <u>41</u> M F (LMP <u>10/14</u>) D.O.B. <u>9/12/77</u>
<u>Elbow swelling, tx x2 c Bactrum DS, recurring</u> <input type="checkbox"/> Pre Existing Illness/Injury

OBJECTIVE: Pt seen by Medical, stt his arm is feeling better, no swelling noted. Pt advised to return to Medical if symptoms return— <u>Emergency, CW</u>
--

ASSESSMENT:

PLAN: 1)	
2)	
3)	
4)	
5)	

SIGNED:

PHARMACY UNLIMITED

Your Partner in Patient Care

12801 Wetmore Rd. • San Antonio, TX 78247
1-877-544-1919 • Fax 432-333-1916

ER/Tray WITHDRAWALS

FACILITY: ECLC

PATIENT NAME: Garcia, Frank

DOCTOR: Sponsel, C

NURSE: Hodgkins, D

DATE: 8/28/19

DRUG & QUANTITY: Bactrum DS

DRUG & QUANTITY: _____

DRUG & QUANTITY: _____

ORDER FAXED TO PHCY BY: _____

WHITE COPY: PATIENT CHART
YELLOW COPY: PHARMACY

ECTOR COUNTY LAW ENFORCEMENT CENTER
ODESSA, TEXAS
TELEPHONE / PHYSICIAN ORDERS

INMATE: SO # DATE OF ORDER:
Garcia, Frank 75823 8/15/19

ALLERGIES: CELL: DATE OF BIRTH:
DKDA 2151 [REDACTED] 77

REASON FOR CALLING PROVIDER:

Infection vs. Gout
↑ BP

PROVIDERS PHONE ORDERS

Bactrum DS 1 po BID x 10 days
Ibuprofen 200mg III po BID x 10 days - floor stock
BP monitoring QAM x 5 days - if ↑ refer
to MD, if WNL dc

DISPOSITION

SEE IN CLINIC SEND TO ER OTHER:

NURSE'S SIGNATURE AND NOTATION

DATE AND TIME

J. H. Hodgkinson 8/15/19 1245

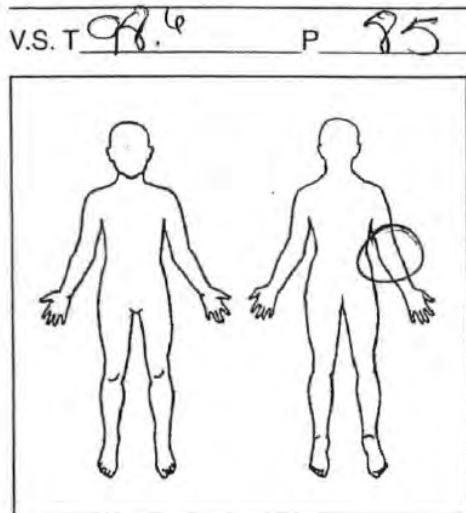
PROVIDER'S SIGNATURE

Ch. Bonsell, DO

**ECTOR COUNTY DETENTION CENTER
NURSING ASSESSMENT**

Name Garcia, Frank M/F M Date 8/15/19
 SO # 75823 Cell# 2151 DOB 1/1/77 Allergies NKA

Chief Complaint (in patients own words) Swollen elbow



Injury / Wound / Rash

Describe / Mark on Diagram

Swollen (R)
elbow

B/P 148/90 LMP N/A
 Placed on BP monitoring SpO₂ 100%

History of Complaint

New onset ✓

Recurring _____

Chronic _____

Physical Examination:

Mental Status: WNL confused, disoriented, lethargic, slurred speech, other _____

Eyes: WNL reddened, swollen, dry, drainage, pupils, (R) 3 mm (L) 3 mm

Ears: WNL, hearing loss R/L, discharge, Bulging Tympanic Membrane,

Dull Tympanic Membrane, Reddened, other

Nose/ Sinuses: WNL, stuffiness, drainage, swollen turbinates, tenderness, deviated septum, other _____

Mouth /Throat: WNL sores, ulcers, redness, swelling, white patches, laceration, dental abscess, other _____

Chest / Lungs: WNL diminished, rales, rhonchi, wheezing, rub, SOB, productive cough, dry cough, other

GI / GU: WNL, soft, flat, rounded, distended, firm, BS X 1 hyper Date of last BM 8/14/19

Skin: WNL flushed, rash, open wounds, acne, other

Orthopedic: WNL, area affected (R) elbow, ROM full, swelling, discoloration, pulse present yes ✓ no , capillary refill < 3 seconds

Nurses Notes: (R) elbow c warmth & tenderness, ↓ ROM @ this time.

Inmate states no gout, 0 wounds noted on skin @ this time, skin intact. Inmate's difficulty c mvmt.

Intervention: Placed on Bactrim DS i/po BID x 10days; Ibuprofen 200mg i/po BID x 10days - Encouraged to notify staff on Saturday if swelling persist to be seen by MD on Monday.

Refer to Clinic: yes no ✓ MD order written yes no

Nurse Signature

L. Hodges RN

Date
8/15/19 1245

ECTOR COUNTY DETENTION CENTER

BLOOD PRESSURE MEDICATION AGREEMENT

I, Frank Garcia

SO# 75823

have been placed on blood pressure checks to treat the diagnosis of, or determine the diagnosis of Hypertension. I understand that the MD at Ector County Detention Center will review my readings after 5 days and determine the need for medications. If it is determined that I need to be treated for Hypertension, I understand that the MD will order medications without seeing me. If I wish to see the MD, I will inform the nurse and I understand that I will be charged the \$10.00 fee for the MD. If at any time the MD request a medication change, I understand that I will not see the MD for this. I further agree to the nurses ordering medications deemed necessary by the MD from the pharmacy and having it charged to my commissary account. I agree to abide by the policy of Ector County Detention Center medical and report to medical for my blood pressure checks when called by the Medical Department. I understand that I have the right to refuse my blood pressure medications and if I do refuse I will be taken off of blood pressure checks. I will be required by law to sign a refusal.

Frank Garcia

Signature

Linda Kenney

Witness

8-5-19

Date

8/15/19

Date

Chapman/DS

ECTOR COUNTY DETENTION CENTER
MEDICATION DISTRIBUTION SIGN OFF SHEET

MONTH Aug YEAR 2019

YEAR 2019

NAME: Garcia, Frank

DOB

so: 75323

KEY

GT-IN CO

New MAR Checked: _____

ALLERGIES: NOK

CELL#2151

| Initials and Signature |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| | | | MO <u>Melvin</u> | EM <u>Emmard</u> |
| | | | | <u>AH Rodriguez</u> |

**ECTOR COUNTY DETENTION CENTER
TREATMENT SHEET**

GARCIA, Frank

ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL

NAME Frank Garcia SO # 75823

CELL BLOCK 2151 DATE 8-14-19

Inmate needs to be seen by:

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Swollen elbow

Signed: [Signature]

Inmate's request was received at Nurse's office

Date: 8/15/19 By: RH

Action Taken: orders

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

8/14/19 NYD

ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL

NAME Frank Garcia SO # 75823

CELL BLOCK 2112 DATE 7-11-19

Inmate needs to be seen by:

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Shoulder out of place
Hospital visit please

Signed: Frank J. Garcia

Inmate's request was received at Nurse's office

Date: 7-10-19 By: PB

Action Taken: Placed on MD clinic

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

7/11/19
0900
JW

ECTOR COUNTY DETENTION CENTER
REQUEST FOR SICK CALL

NAME Frank Garcia SO # 75823

CELL BLOCK 212 DATE 7-10-19

Inmate needs to be seen by:

Medical (\$10.00) Unscheduled Nurse (\$10.00) Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Need to go to hospital

Shoulder out of place

Signed: JT

Inmate's request was received at Nurse's office

Date: 7/10/19 By: RH

Action Taken: problem resolved

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

ECTOR COUNTY DETENTION CENTER
MEDICATION DISTRIBUTION SIGN OFF SHEET

MONTH July YEAR 2019

NAME: Garcia, Frank

DOE

so: 75823

KEY CT - IN COURT NS - NOSHOW R - REFUSED

ALLERGIES: NYOK

| Initials and Signature |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| | | | John Seminjard, RN | |
| | | | RN 1680002 | |

**ECTOR COUNTY LAW ENFORCEMENT CENTER
PROGRESS NOTES**

INMATE Garcia, Frank SO # 75823 CELL # 2112 DATE: 7-19-19

MEDICATIONS	<input type="checkbox"/> None	ALLERGIES	<input type="checkbox"/> None
<u>Dff Med Cort</u>		<u>NKDA</u>	

VITAL SIGNS: BP: 120/74 PULSE: 74 RESP: 20 TEMP: 98.2

SUBJECTIVE: Age <u>42</u> M F (LMP <u>12/12</u>) D.O.B. <u>09/12/77</u>
WAS in MVA Lt shoulder pain 7-8 on pain scale Tylenol not working <input type="checkbox"/> Pre Existing Illness/Injury

OBJECTIVE:
R. Shoulder mild tender to Palpation ROM intact; No erythema or Swelling

ASSESSMENT:
R. Shoulder Pain

PLAN: 1) Tylenol 500 mg BID PRN for Pain
2) Ice packs PRN to R Shoulder
3)
4)
5)

SIGNED: JFB-Pde 7/18/19